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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:01

DOCUMENT # **H84857** **(2)**

1. Corporation Name

DIBENEDETTO, LOVE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% JAMES DIBENEDETTO 2901 STIRLING RD. SUITE 204 FT. LAUDERDALE FL 33312	% JAMES DIBENEDETTO 2901 STIRLING RD. SUITE 204 FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/30/1985**

3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 8220 State Road 84	26 8220 State Road 84
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Davie, Florida	City & State 28 Davie, Florida
Zip / Country 24 33324 / 25 USA	Zip / Country 29 33324 / 30 USA

4. FEI Number: **59-2594575** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIBENEDETTO, JAMES
2901 STIRLING RD. 204
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: Robert B. Love
82 Street Address (P.O. Box Number is Not Acceptable): 8220 State Road 84
83: Suite 200
84 City: Davie FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RB Love (Signature (typed or printed) of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DIBENEDETTO, JAMES	12 NAME	
STREET ADDRESS	2901 STIRLING RD. 204	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	LOVE, ROBERT B.	22 NAME	
STREET ADDRESS	2901 STIRLING RD. S 204	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDAL FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: RB Love 4/7/95 472-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0920990 CP